FIX MY SHOULDER PAIN

SELF SHOULDER ASSESSMENT

GET BACK TO PAIN FREE WORKOUTS

CRITICAL BENCH.com

By Rick Kaselj, MS & Mike Westerdal, CPT

LEGAL STUFF

NOTICE

The information presented is not intended for the treatment or prevention of disease, nor a substitute for medical treatment, nor as an alternative to medical advice.

This publication is presented for information purposes, to increase the public knowledge of developments in the field of strength and conditioning. The program outlined herein should not be adopted without a consultation with your health professional.

Use of the information provided is at the sole choice and risk of the reader. You must get your physician's approval before beginning this or any other exercise program.

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Exercise Considerations

Consult with a physician before beginning the exercises in this book. A physician can determine which exercises are appropriate for you or your clients, and if any should be avoided or modified.

Disclaimer

Fix My Shoulder Pain is primarily an educational resource and is not intended to take the place of the advice and recommendations of a physician. If you suspect your client has a health problem, please have him or her seek the services of a physician or healthcare professional.

Exercise is an ever-changing science. As new research and clinical experience broaden our knowledge, changes in exercise and exercise prescriptions are inevitable. The author has checked with sources believed to be reliable in his effort to provide information that is complete and generally in accord with the standards accepted at the time of publication. However, in view of the possibility of human error or changes in exercise science, neither the author nor any other party who has been involved in the preparation or publication of this work warrants that the information contained herein is in every respect accurate or complete, and they are not responsible for any errors or omissions or for the results obtained from the use of such information. Readers are encouraged to confirm the information contained herein with other sources.

Preface

Thank you for supporting one of my dreams!

I have always dreamed of being a writer. The book you are reading is one of those writing dreams coming true. I hope you take from it as much as I have gotten out of its research and production.

Pass this Book On

Feel free to take your personal printed copy and share it with your family, friends and colleagues. Everyone's health will improve if we all learn and educate each other on how to maintain a healthy and active lifestyle. If you received this as an e-book, please do not forward it on. Writing is how I make a living. Unauthorized distribution constitutes theft of my intellectual property.

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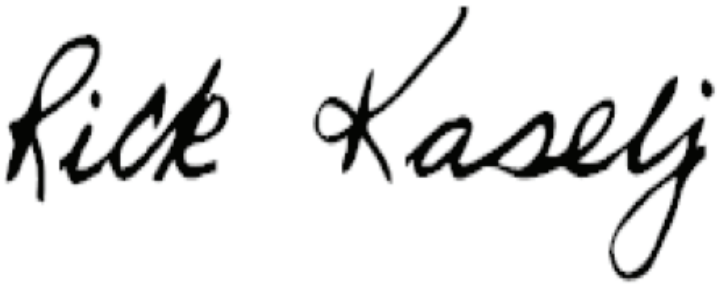


IMPORTANT INFORMATION – STOP AND READ

Before you go on, please watch the video presentations component #1, #2 & #3 that goes with this guide.

The video presentations provide much more detail about what is going on with your shoulder and the shoulder self-assessment.

While the exercise manual focuses on the program exercises, the details on how to do the program are in the video presentation and presentation handout.

Overview of the Fix My Shoulder Pain Program

This is a graphic on how the Fix My Shoulder Pain program works. Work through the program from Component #1 to #5.

Component 1: Introduction to Fix My Shoulder Pain
There is no reference guide for this part. There is only a 13-minute video. The video gives you an overview of the Fix My Shoulder Pain Program.

Component 2: What Is Going On With My Shoulder?
This is a reference guide for component #2. There is also a 23-minute video. The video expands on what is written here in the guide.

In the following pages I go through the four most common causes of shoulder pain: shoulder tendonitis, rotator cuff tears, shoulder impingement and shoulder subluxation.

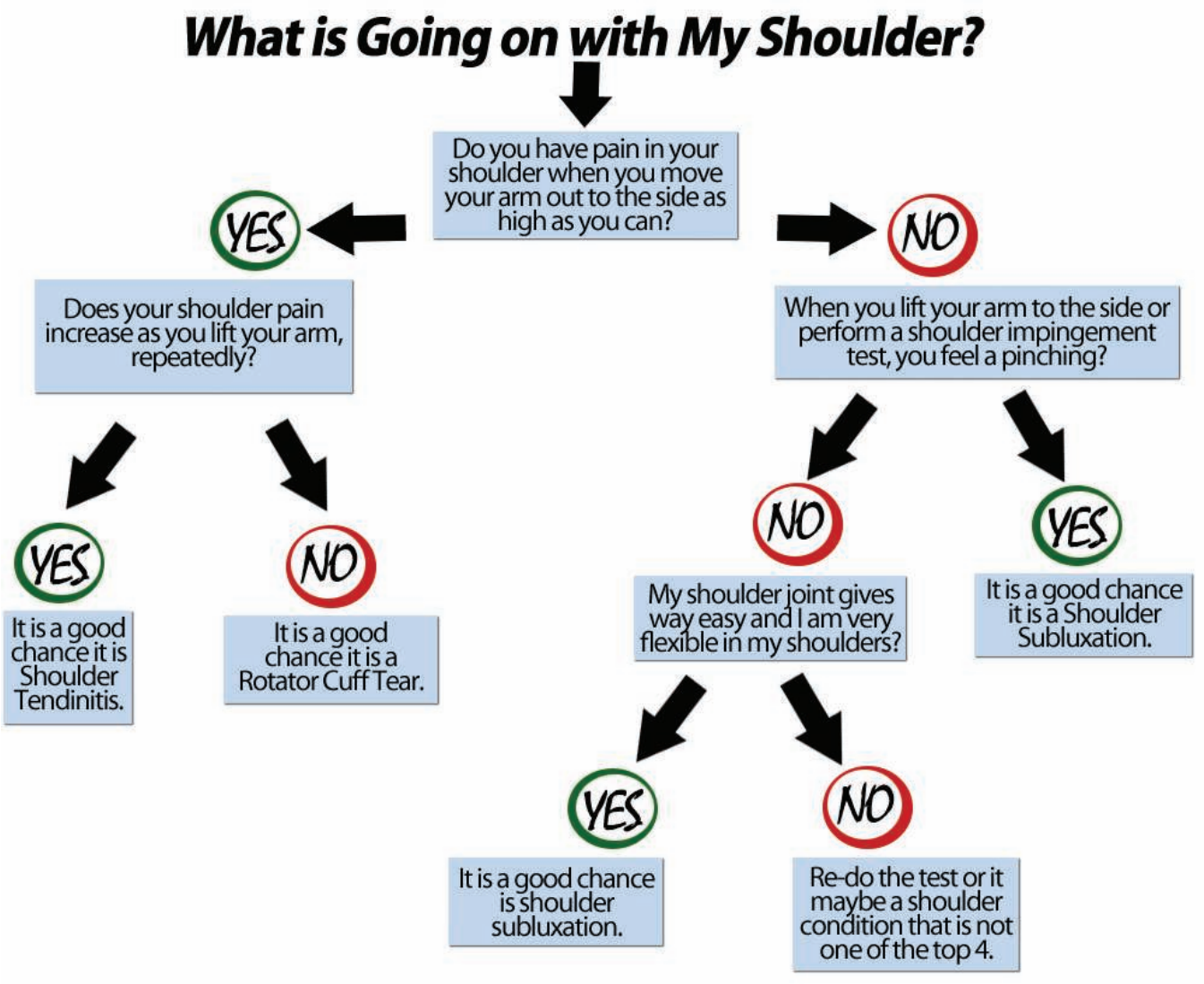
Most Common Shoulder Injuries

1. ***Shoulder Tendonitis***
2. ***Rotator Cuff Tear***
3. ***Shoulder Impingement***
4. ***Subluxation***

Exercises For Injuries

CHEAT SHEET #1 -

This graphic is a cheat sheet to quickly find out what is going on with your shoulder:



Shoulder Tendonitis

Here is a quick overview of shoulder tendonitis:

Shoulder Tendonitis

What should I feel?
pain with arm to the side and overhead

What is it?
inflammation of the rotator cuff tendon

What causes it?
overuse

Exercises For Injuries

Shoulder Tendonitis

What will make it worse?
continuing to do activities that inflame it

What will make it better?
improve posture, sholder blade muscles

What exercise will help?
all 3-Part of SR3

Exercises For Injuries

Here is a description of shoulder tendonitis:

Overview

There are different causes of pain in the shoulder. However, a common cause of such pain is known as shoulder tendonitis. This term refers to a situation in which the tendons around the shoulder rotator cuff become inflamed and the condition is also referred to as rotator cuff tendonitis. Basically, when a person has shoulder tendinitis, the presence of inflammation within the tendons in the shoulder region makes movements around the shoulder painful and uncomfortable.

If untreated, rotator cuff tendonitis could become significantly burdensome, especially when minimal movements involving the shoulder easily occur. With this type of inflammation, especially occurring around a joint, any kind of related joint movement including those during sleep or merely working from one place to another can create pain.

Causes of Shoulder Tendonitis

The inflammation that characterizes shoulder tendonitis may occur for a number of reasons including problems with the muscle at the rotator cuff joint, insufficient space at the shoulder joint, and a lack of normal movement within the shoulder capsule or joint. Pain in the shoulder joint can creep up or become more and more significant over time. However, in some other cases, shoulder pain may be instantaneous, especially when the cause of immediate trauma to the shoulder region occurs in an accident involving a vehicle.

Also, improper posture during exercise or any other activity could create stress in the rotator cuff muscles. Such stresses may develop into a strain or an actual tear in the rotator cuff muscle. This structural change in muscle or tendon composition

can weaken the shoulder region and begin to cause dull or more severe pain.

In addition, the muscles and tendons surrounding the shoulder may become weaker over time or imbalanced due to the strain or tear. Typically, tendon impingement in the shoulder region results because the shoulder is no longer able to function as smoothly as it should, and tendons begin to get stuck between the bones and muscles.

Who is Prone to Developing Shoulder Tendonitis?

Shoulder tendonitis could occur in any type of person. However, there are certain activities that could make a person more prone to developing the condition. Apart from engaging in some activities which aggravate shoulder impingement, people can also be prone to developing the condition based on how the bones in their shoulders are shaped, or due to the imbalance of muscle in the shoulder (Sandow, 2012). Due to the fact that the shoulder joint is quite mobile, it is possible to move the joint beyond the normally allowed degree of motion for the shoulder region.

Hence, extensive use of the shoulder during sports activities could create excessive or repetitive movements which may strain the shoulder joint. Non-athletes are also not immune from rotator cuff tendonitis. For instance, seemingly simple work around the home or office could result in rotator cuff tendonitis. In addition, people with weakening muscles around the shoulder joint can experience situations where the shoulder bones begin to ride out of alignment and cause the tendons to jam or become impinged.

Signs and Symptoms

Being able to determine if there is a problem with the shoulder rotator cuff can be beneficial so that individuals do not aggravate the issue, and seek medical attention as needed. Shoulder tendonitis signs and symptoms include a tingling

sensation in the shoulder area. Some people may also experience this as a kind of numbness. Other signs and symptoms include muscle weakness which may be inferred when the shoulder does not seem to be able to function normally; sufferers may not be able to lift weights normally or function as required.

A spasm may also be felt in the affected shoulder and some individuals may experience a sharp pain in the shoulder region. The presence of pain is probably the most common complaint people have, especially when the pain is experienced during movement of the shoulder joint.

Rotator Cuff Tear
Here is a quick overview of rotator cuff tears:

Rotator Cuff Tear

What should I feel?
pain with arm to the side and overhead, point sensitivity, weakness & sensitivity with resisted scaption

What is it?
tear has occurred in the rotator cuff tendon

Exercises For Injuries

Rotator Cuff Tear

What causes it?
95% it is shoulder impingement

What will make it worse?
continuing to do activities that inflame it

What will make it better?
improve posture, sholder blade muscles

What exercise will help?
all 3-Part of SR3

Exercises For Injuries

Here is a description of rotator cuff tears:

Overview

Rotator cuff tears are shoulder problems encountered by athletes and non-athletes. Although a torn rotator cuff is generally considered a non-life-threatening condition, the symptoms arising from it can be frustrating. One's normal routine usually includes activities that involve shoulder motion. Shoulder pain, especially with overhead activities, weakness, and limited motion of the affected shoulder are the most common symptoms of rotator cuff tears.

How common are rotator cuff tears?

In industrialized countries, shoulder pain is the third most commonly encountered musculoskeletal disorder after neck pain and low back pain (Bilal, 2011). A significant percentage of individuals with shoulder symptoms suffer from rotator cuff tears. After the age of 60 years, about 26% and 28% of patients with shoulder problems demonstrate partial thickness tears and full-thickness tears, respectively (Bilal, 2011). The absence of symptoms does not guarantee a healthy rotator cuff. It has been found that about 34% of asymptomatic individuals can have rotator cuff tears at any age.

Shoulder anatomy

To grasp the signs and symptoms and the treatment provided to individuals with rotator cuff tears, it is essential to understand the complex anatomical structure of the shoulder, which is considered the most mobile and flexible joint in the human body.

The rotator cuff is comprised of four major muscles: the teres minor, the

supraspinatus, the infraspinatus, and the subscapularis. Each has a tendon that attaches the corresponding muscle to the humerus (the upper arm bone). Collectively, these tendons form a cuff that surrounds the spherical head of the upper arm bone. The rotator cuff mainly functions to stabilize the head of the humerus into the glenohumeral joint, or the articulation formed between the glenoid fossa of the shoulder blade and the head of the humerus.

Causes of rotator cuff tears

Rotator cuff tears have two main causes: acute injury and degeneration (American Academy of Orthopaedic Surgeons, 2011). Falling onto an outstretched arm or heaving lifting with a jolting motion can tear the rotator cuff. Repetitive microtrauma or stress has also been linked to rotator cuff tears. Repetitive shoulder motions can place a great of amount of stress on the muscles and tendons comprising the rotator cuff. Athletes involved with tennis, rowing, baseball, and weightlifting are more susceptible to suffer from acute tearing than athletes involved with other sports (AAOS, 2011).

A torn rotator cuff may be attributed to different shoulder problems, such as shoulder instability, subacromial impingement, and internal impingement. These causes are classified as extrinsic causes (Stadnick, 2007).

Degenerative changes in the rotator cuff are classified as intrinsic changes (Stadnick, 2007). The majority of rotator cuff tears are caused by the wearing down of the rotator cuff tendon. As you age, bone overgrowths form underneath the acromion, the bony process of the scapula. Every time the arms are lifted, the bone spurs create friction in the rotator cuff tendon. This condition is referred to as shoulder impingement. Over time, this can cause deterioration of the tendon, which increases its susceptibility to being torn. Another intrinsic cause of a rotator cuff tear is its low blood supply (Orthogate, 2006). The less blood supply a tissue

has, the slower it can repair itself. It is for this reason that the rotator cuff is more vulnerable to degenerative changes as you age.

Signs and symptoms of rotator cuff tears

The signs and symptoms associated with rotator cuff tears are caused by the inflammation process occurring with the tendon changes. Acute rotator cuff tear is characterized by an abrupt tearing sensation felt in the affected shoulder, followed by severe pain that shoots from the upper shoulder down to the upper arm and toward the elbow. Reduced range of motion of the affected shoulder is noted due to muscle spasm and pain.

A chronic rotator cuff tear, which is related to degenerative changes, repetitive microtrauma and stress, may have a different set of manifestations. You may experience tenderness and pain in the affected shoulder. The pain is aggravated by reaching overhead, lifting, pulling, and reaching behind the back. The pain is worsened by sleeping on the affected side. Increased pain at night may interrupt sleep. Gradual decrease of shoulder motion and weakness are also commonly reported.

Shoulder Impingement
Here is a quick overview of shoulder impingement:

Shoulder Impingement

What should I feel?
pinching with abduction and shoulder impingement test (hand on opposite shoulder and left elbow up)

What is it?
pinching of the structures in the shoulder, mainly rotator cuff

Exercises For Injuries

Shoulder Impingement

What causes it?
structural or muscle imbalance

What will make it worse?
continuing to do activities that inflame it

What will make it better?
improve posture, sholder blade muscles

What exercise will help?
all 3-Part of SR3

Exercises For Injuries

Here is a description of shoulder impingement:

Overview

The shoulder joint is considered the most mobile and flexible joint in the human body. Its ability to move within a wide range of motion has a drawback; the shoulder is susceptible to injuries and eventually, pain. In fact, shoulder pain is the third leading musculoskeletal complaint for which individuals seek treatment after low back pain and neck pain.

A common cause of shoulder pain is shoulder impingement. It's a condition where the rotator cuff tendon is mechanically impinged or compressed underneath the acromion. This condition is sometimes referred to as swimmer's shoulder or thrower's shoulder. It commonly occurs during middle-age. Shoulder impingement is mainly manifested by shoulder pain during overhead activities. The pain is more evident when the shoulder is placed in forward-flexed and internally rotated positions (DeBerardino, 2010).

Shoulder Anatomy

The shoulder girdle is mainly composed of three bones: the collarbone, the shoulder blade, and the humerus, or upper arm.

The upper arm is connected to the lateral shallow socket of the shoulder blade, called the glenoid fossa, by the rotator cuff tendon. The tendons of subscapularis, supraspinatus, infraspinatus, and teres minor muscles come together to form a thick cuff over the glenohumeral joint, or the articulation between the shoulder blade and the head of the humerus.

The strength of the cuff allows the lifting and rotation of the humerus. The tendons

forming the rotator cuff run underneath the acromion, the bony structure found on top of the shoulder blade. Running through a narrow space makes the rotator cuff tendon susceptible to being damaged, such as in cases of shoulder impingement syndrome.

Between the rotator cuff and the acromion is a lubricating sac-like structure, called the bursa. The bursa secretes synovial fluid, which allows the joints to glide freely and without pain.

Causes of Shoulder Impingement

The space between the acromion and the upper aspect of the humeral head is called the impingement interval (Fongemie, Buss, & Rolnick, 1998). This space is narrow; it is at its narrowest when the arm is abducted or moved away from the body. Any condition that narrows this space can lead to shoulder impingement.

Shoulder problems, such as muscle imbalance, shoulder joint instability, biceps tendinopathy, bone spurs, shoulder blade movement dysfunctions and labral lesions have been associated with shoulder impingement (Sports Injury Clinic, 2012).

Repetitive microtrauma when an arm is in overhead position can contribute to shoulder impingement. Athletes involved in swimming, volleyball, baseball, and tennis are susceptible to suffer from shoulder pain caused by shoulder impingement. These sports require repetitive overhead arm motion.

Research showed that impingement can be the outcome of an extrinsic compression of any of the tendons making up the rotator cuff (Fongemine, Buss, & Rolnick, 1998).

In general, any of these conditions can impinge the tendons running through the subacromial space. Repetitive pinching can lead to irritation and inflammation of the rotator cuff tendon. These changes cause thickening of the tendon. A thickened tendon is further impinged by the structures surrounding the shoulder joint, including the muscles.

Signs and Symptoms

The initial symptoms of shoulder impingement are generally mild. Shoulder pain, both with activity and at rest, is a frequent complaint.

The pain usually radiates from the front or side of the shoulder to the side of the involved arm. Reaching and lifting can cause abrupt pain in said areas. Throwing or overhead activities may also elicit pain.

As the problem advances, the severity of the symptoms increases. Pain at night indicates an advancing case of shoulder impingement. The strength and range of motion of the affected shoulder diminish over time. Activities that require the affected arm to reach behind the back cause severe pain.

Shoulder Subluxation

Here is a quick overview of shoulder subluxation:

Shoulder Impingement

What should I feel?

shoulder gives way

What is it?

shoulder joint has excess movement

Exercises For Injuries

Shoulder Impingement

What causes it?

accident, genetic, sports related

What will make it worse?

things that pull it out of the joint

What will make it better?

sholder blade muscles and rotator cuff exercise

What exercise will help?

all 3-Part of SR3

Exercises For Injuries

Here is a little description on shoulder subluxation:

Overview

The shoulder is the most mobile joint in the human body. It has the ability to move freely in all directions without eliciting pain. However, because of its structure, which makes its flexibility possible, the shoulder joint is susceptible to dislocation. Shoulder dislocation is a condition where the rounded end of the upper arm may either partially or completely lose contact with the socket of the scapula. It is estimated that shoulder dislocation affects 1.7% of the general population and is frequently an outcome of trauma (Wilson, 2011). When the humerus is pulled out of the socket, pain, weakness, and limited range of motion occur.

Shoulder anatomy

The shoulder girdle is mainly composed of the collarbone, shoulder blade, and humerus (or upper arm). The complex structure of the shoulder girdle consists of many joints; however, the glenohumeral joint, commonly referred to as the shoulder joint, is the main joint of the shoulder. The glenohumeral joint is the junction between the humeral head and the glenoid fossa, which is located on the lateral angle of the scapula.

The glenoid fossa is a shallow cavity that receives the head of the arm bone. Its size can cover only a third of the ball of the humerus. A fibrocartilaginous structure that encircles the glenoid fossa, called the glenoid labrum, deepens the shallow cavity and supports the articulation. The glenoid labrum is essential in maintaining the static stability of the glenohumeral joint.

The shoulder joint is supported on all sides by the ligaments, called the joint capsule. The tendons of the four rotator cuff muscles come together to form a cuff

over the joint capsule and the glenohumeral joint.

Causes and mechanism of shoulder dislocation

The integrity of the shoulder is maintained by the glenohumeral joint capsule, the glenoid labrum, and the muscles of the rotator cuff. A strong force, such as a direct blow to the shoulder, can pull the bones in your shoulder out of place. Excessive rotation of the shoulder joint can also cause the ball of the upper arm to pop out of the glenoid.

Shoulder dislocation is a common injury in contact sports, such as football, wrestling, and hockey. Athletes involved in volleyball and gymnastics are also susceptible to shoulder dislocation. Falling onto an outstretched arm or directly onto the shoulder can lead to a dislocated shoulder. Throwing an object, forceful pulling, overreaching to catch an object, and turning over in bed have been linked to shoulder dislocation (Wilson, 2011).

The shoulder joint, a ball-and-socket joint, can be partially or completely dislocated. Subluxation, or partial dislocation, occurs when the head of the humerus partially loses contact with the socket of the scapula. A complete dislocation occurs when the articulating surfaces of the humerus and the glenoid fossa have lost all of their contact and are entirely separated. Shoulder dislocation is not the same as shoulder separation (American Academy Orthopaedic Surgeon, 2007). Shoulder separation involves the collarbone and the acromion, the highest point of the shoulder.

Signs and symptoms

A patient with shoulder dislocation commonly complains of severe shoulder pain. Decreased range of motion of the involved arm is also noted. These symptoms are

both seen in patients with anterior and posterior displacement of the humeral head. It is estimated that between 95 and 98% of shoulder dislocation cases are anterior dislocations.

Anterior displacement of the humeral head is manifested by a squared off or boxlike shoulder. A patient with this dislocation type may hold his or her arm in slight abduction, or away from the body, and external rotation, or rotation away from the center of the body. The humeral head can be palpated anteriorly. The affected arm is usually unable to touch the opposite shoulder.

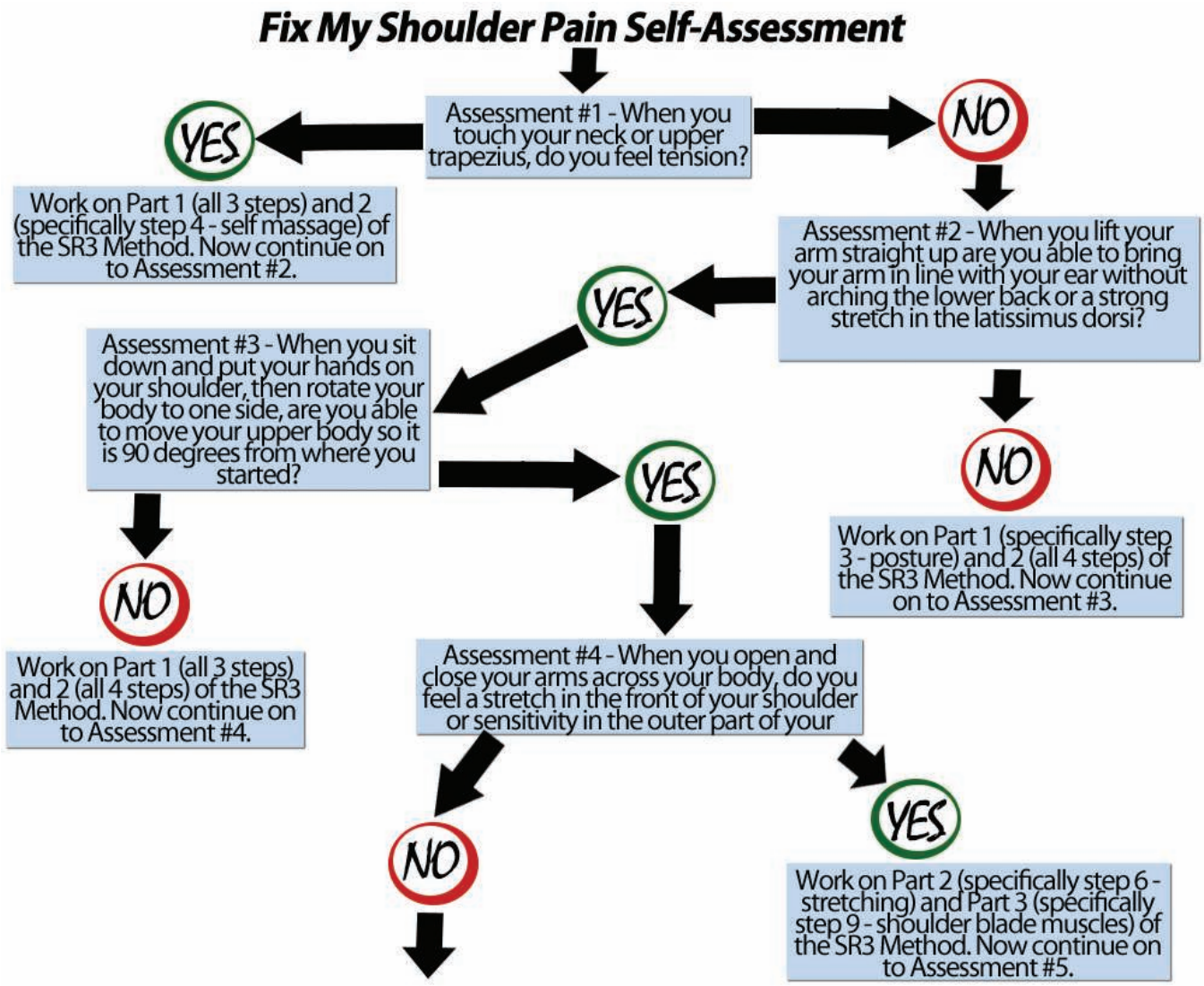
Posterior displacement of the humeral head is characterized by the affected arm in adduction and internal rotation. The front of the shoulder is usually squared off and flat.

Shoulder dislocation is also manifested by numbness, weakness, or a tingling sensation in the neck or down the arm (Mayo Clinic, 2011). The disruption of the articulation may also cause muscle spasm.

Component 3: Self-Assessment

This is a reference guide for component #3. There is also a 14-minute video, which expands on what is written here in the guide.

CHEAT SHEET #2 - This graphic is a cheat sheet to the self-assessment:



Assessment #5 - When you pinch your shoulder blades together for 10 seconds, do they feel fatigued? When you do a wall push up, do your shoulder blades begin to wing?

YES

Work on Part 3 (all 3 steps) of the SR3 Method. Now continue on to Assessment #6.

NO

Assessment #6 - When you touch and press the outer part of your shoulder, is it sensitive?

YES

Work on Part 3 (all 3 steps) of the SR3 Method. Now continue on to Assessment #7.

NO

Assessment #7 - When you lift your arm out to the side, are you able to bring your arm in line with your ear without arching your lower back or without a strong stretch in your latissimus dorsi?

YES

Continue on to Assessment #3.

NO

Work on Part 1 (specifically step 3 - posture) and 2 (all 4 steps) of the SR3 Method. Now continue on to Assessment #3.

CHEAT SHEET #3 - This graphic is a cheat sheet to the self-assessment:

Fix My Shoulder Pain Self-Assessment

Assessment #1 - When I touch my neck and upper trapezius, I feel tension?	NO →	Continue onto Assessment #2.
	YES →	Work on Part 1 (all 3 steps) and 2 (specifically step 4 - self massage) of the SR3 Method. Now continue onto Assessment #2.
Assessment #2 - When I lift my arm straight up (shoulder flexion) I am able to bring my arm in line with my ear without arching my lower back or without a strong stretch in my latissimus dorsi (lats)?	NO →	Work on Part 1 (specifically step 3 - posture) and 2 (all 4 steps) of the SR3 Method. Now continue onto Assessment #3.
	YES →	Continue onto Assessment #3.
Assessment #3 - When you sit down and put your hands on your shoulder, then rotator your upper body to one side, you are able to move your upper body so it is 90 degrees from where you started?	NO →	Work on Part 1 (all 3 steps) and 2 (all 4 steps) of the SR3 Method. Now continue onto Assessment #4.
	YES →	Continue onto Assessment #4.
Assessment #4 - When I open and close my arms across my body, I feel a stretch in the front of my shoulder or feel sensitivity in the outer part of my shoulder?	NO →	Continue onto Assessment #5.
	YES →	Work on Part 2 (specifically step 6 - stretching) and Part 3 (specifically step 9 - shoulder blade muscles) of the SR3 Method. Now continue onto Assessment #5.
Assessment #5 - When I pinch my shoulder blades together for 10 seconds, my shoulder blades feel fatigued? or When I do wall push up, my shoulder blades begin to wing?	NO →	Continue onto Assessment #6.
	YES →	Work on Part 3 (all 3 steps) of the SR3 Method. Now continue onto Assessment #6.
Assessment #6 - When I touch and press the outer part of my shoulder, it feels sensitive?	NO →	Continue onto Assessment #7.
	YES →	Work on Part 3 (all 3 steps) of the SR3 Method. Now continue onto Assessment #7.
Assessment #7 - When I lift my arm out to the side (shoulder abduction) I am able to bring my arm in line with my ear without arching my lower back or without a strong stretch in my latissimus dorsi (lats)?	NO →	Work on Part 1 (specifically step 3 - posture) and 2 (all 4 steps) of the SR3 Method. Now continue onto Assessment #3.
	YES →	Continue onto Component #4 – SR3 Method

CHEAT SHEET #4 - Check the steps below as you are going through the shoulder self-assessment to see what you need to work on:

Check Below What Steps of the SR3 Method That You Need to Work On:

Part 1 - Alignment

- ☐ Step 1 - Technique
- ☐ Step 2 - Breathing
- ☐ Step 3 - Posture

Part 2 - Tissue Quality

- ☐ Step 4 - Self Massage
- ☐ Step 5 - Mobility
- ☐ Step 6 - Stretching
- ☐ Step 7 - Hanging

Part 3 - Activation & Endurance

- ☐ Step 8 - Isometrics
- ☐ Step 9 - Shoulder Blade Exercises
- ☐ Step 10 - Rotator Cuff Exercises

Shoulder Self-Assessment Summary Photos

#1 – Neck Touch Assessment (562)

#2 – Arm Overhead (Shoulder Flexion) Assessment (558)

#3 – Sitting and Rotating Assessment (571)

#4 – Open Close Assessment (563)

#5a –Pinch Shoulder Blades Assessment (564)

#5b – Wall Push Up Assessment (565)

#6 – Touching Shoulder Assessment (566)

#7 – Moving Arm to Side (Shoulder Abduction Assessment (559)

Shoulder Self-Assessment Summary Table & Videos

IMPORTANT - Password for the Videos is in the Column Next to the URL.

Program Exercise Number	Exercise Number	Exercise Name	Video of the Exercise	Password
1	562	Neck Touch Assessment	http://vimeo.com/50059223	itb8
2	558	Arm Overhead (Shoulder Flexion) Assessment	https://vimeo.com/49811307	itb8
3	571	Sitting and Rotating Assessment	(FRONT) https://vimeo.com/49948633 (SIDE) https://vimeo.com/49944343	itb8
4	563	Open Close Assessment	http://vimeo.com/50041874	itb8
5a	564	Pinching Shoulder Bades Assessment	https://vimeo.com/49814492	itb8
5b	565	Wall Push Up Assessment	https://vimeo.com/49814532	itb8
6	566	Touching Shoulder (Deltoid)	https://vimeo.com/49814511	itb8
7	559	Moving Arm to Side (Shoulder Abduction) Assessment	https://vimeo.com/49811319	itb8

Shoulder Self-Assessment

Exercise #1: Neck Touch Assessment (562)


Start


Middle


End

Purpose:	To check for tension in your shoulders and neck, and whether this is changing your shoulder blade and shoulder joint position.
Starting Position:	Start by standing with left arm on your right shoulder.
How to Do the Exercise:	1. Touch to feel if there is tension. 2. If there is tension, you need to perform Part 1 (all 3 steps) and Part 2 (specifically step 4 - self massage) of the SR3 method.
Video of this exercise: https://vimeo.com/50059223 / Password: itb8	

Exercise #2: Arm Overhead (Shoulder Flexion) Assessment (558)

Start | Middle (a) | Middle (b) | End

Purpose:	To see if your shoulder has full easy movement or if a painful shoulder joint is limiting your movement.
Starting Position:	Start by standing.
How to Do the Exercise:	1. Lift your arm straight up. 2. If you are not able to bring your arm so it is in line with your ear, then work on Part 1 (all 3 steps) and 2 (specifically step 4 – self massage) of the SR3 method.
Video of this exercise: https://vimeo.com/49811307 / Password: itb8	

Exercise #3: Sitting and Rotating Assessment (571)


Start (Side)

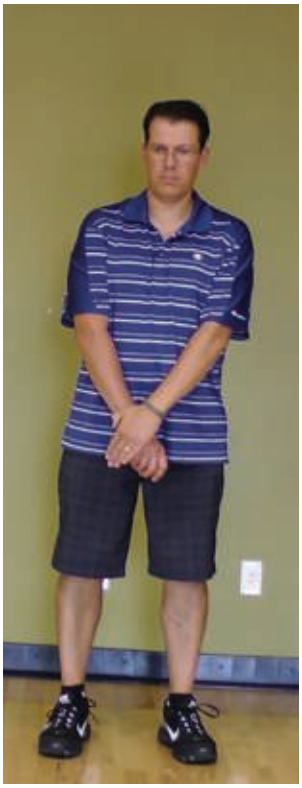

End (Side)


Start (Front)


End (Front)

Purpose:	To see if your mid-back is putting unnecessary stress on and eliciting pain in your shoulder.
Starting Position:	Start in a sitting position with your hands on your shoulders.
How to Do the Exercise:	1. Rotate your upper body to one side and to the other. 2. If you are not able to rotate your upper body to one or both sides to 90 degrees (arms are 90 degrees from the where you started), then work on part 1 (all 3 steps) and 2 (all 4 steps) of the SR3 method.
Video of this exercise: https://vimeo.com/49944343 (SIDE) / Password: itb8 Video of this exercise: https://vimeo.com/49948633 (FRONT) / Password: itb8	

Exercise #4: Open Close Assessment (563)


Start


Middle (a)


Middle (b)


End

Purpose:	To see if tight and tense chest muscles are changing the position of and eliciting pain in the shoulder, and if the rotator cuff is overworked.
Starting Position:	Start by standing with your wrists crossed in front of your body.
How to Do the Exercise:	1. Open your arms up and move them across your body. 2. If you feel a stretch or feel sensitivity in the outer part of your shoulder, then you need to work on part 2 (specifically step 6 stretching) and part 3 (specifically shoulder blade muscles) of the SR3 method.
Video of this exercise: http://vimeo.com/50041874 / Password: itb8	

Exercise #5a: Pinching Shoulder Blades Assessment (564)

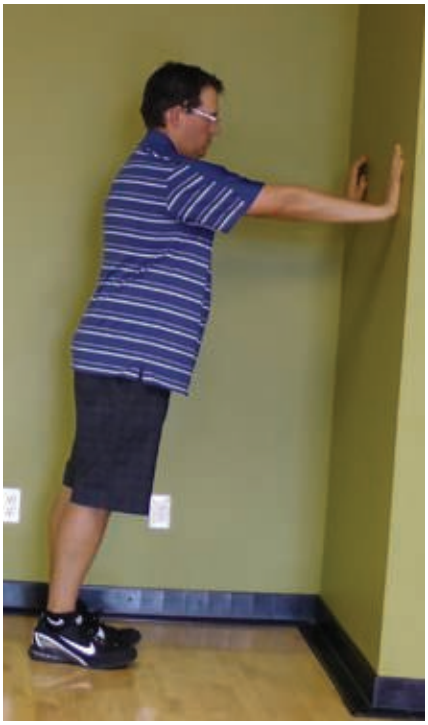
Start | Middle (a) | Middle (b) | End

Purpose:	To check if your shoulder blades have the endurance needed to create a pain free shoulder joint.
Starting Position:	Start by standing.
How to Do the Exercise:	1. Squeeze your shoulder blades together for 10 seconds. 2. At the 10-second mark, if you feel fatigue in the shoulder blade muscle, work on part 3 (all 3 steps) of the SR3 Method.
Video of this exercise: https://vimeo.com/49814492 / Password: itb8	

Exercise #5b: Wall Push Up Assessment (565)

Start

Middle



End

Purpose:	To see if your shoulder blades have the endurance needed to create a pain free shoulder joint.
Starting Position:	Start by standing with your hands on the wall.
How to Do the Exercise:	1. Perform a push up on the wall and at the end of the push up, go a little further. 2. If you shoulder blades begin to lift off your back, then you need to work on part 3 (all 3 steps) of the SR3 Method.
Video of this exercise: https://vimeo.com/49814532 / Password: itb8	

Exercise EXERCISE #6: Touching Shoulder (Deltoid) (566)

Start **Middle (a)** **Middle (b)** **End**

Purpose:	To see if you are overworking the rotator cuff which can lead to shoulder pain and the re-shaping of the shoulder into a painful joint.
Starting Position:	Start by standing and placing the opposite hand on your shoulder.
How to Do the Exercise:	1. Press and touch the outer part of your shoulder. 2. If you feel sensitivity when you press, then you need to work on part 3 (all 3 steps) of the SR3 Method
Video of this exercise: https://vimeo.com/49814511 / Password: itb8	

Exercise #7:Moving Arm to the Side (Shoulder Abduction) (559)

Start

Middle (a)

Middle (b)

Middle (c)

Middle (d)

End

Purpose:	To see if your latissimus dorsi (lats) are causing pain in your shoulder joint.
Starting Position:	Start by standing.
How to Do the Exercise:	1. Lift your arm to the side and overhead. 2. If you are not able to bring your arm in line with your ear without arching your lower back or without a strong stretch in your lats, then you need to work on part 1 (specifically step 3 - posture) and 2 (all 4 steps) of the SR3 Method.
Video of this exercise: https://vimeo.com/49811319 / Password: itb8	

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About Rick Kaselj

Rick Kaselj, M.S. (Exercise Science), B.Sc. (Kinesiology), PK, CPT, CEP, CES

Rick Kaselj specializes in exercise rehabilitation and fitness. He works in one-on-one and group rehabilitation settings, educating and training people who have been injured at work, in car accidents, and during sport activities.

Rick has combined his rehabilitation experience and passion for research to develop a variety of courses and presentations for fitness professionals, Kinesiologists, and healthcare providers. Rick has given over 302 presentations to 5897 fitness professionals across Canada and USA. These courses include:

- Core stability of the shoulder
- Exercise rehabilitation for the shoulder, lower back, hip, or knee
- Foam roller essentials
- Intro and advanced core stability
- Intro and advanced stability ball exercises
- Postural assessment and exercise prescription
- Injury-free running
- Save your shoulders
- Training for better golf

Rick strives to balance his work life with his personal fitness endeavours and travel. He has trained for and competed in the Manitoba Marathon, the 225 km Ironman Canada Triathlon, and the 160 km Sea2Summit Adventure Race in Whistler, BC.

He has hiked 4,300 km along the Pacific Crest Trail from Mexico to Canada and mountain biked the 5,000 km Great Divide Mountain Bike Route over the Rocky Mountains from Mexico to Canada. An avid traveler, Rick has toured three continents and visited 17 countries.

In 1997 he graduated with his Bachelor of Science degree in Kinesiology from Simon Fraser University. Rick recently completed his Masters of Science degree focusing on corrective exercise and therapeutic exercise for the rotator cuff. Rick currently works as a lecturer, Kinesiologist, personal trainer, writer of exercise rehabilitation and exercise rehabilitation specialist in and around Vancouver, British Columbia, Canada.

To learn more about Rick Kaselj, please visit http://www.ExercisesForInjuries.com

Other Products from Rick Kaselj

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Muscle Imbalances Revealed – Lower Body
(Earn 6 CECs)

As fitness professionals we often just focus on strength, flexibility and cardiovascular techniques with our clients in order to help them reach their goals. By just focusing on these three exercise techniques you hamper your clients' ability to overcome injuries, bust through fitness plateaus and stay injury-free. This is what you need in your toolbox to fully understand muscle imbalances.

Muscle Imbalances Revealed goes beyond stretching what is tight, strengthening what is weak or just performing corrective exercises. It assists the fitness professional in understanding the synergies that exist within the body and walks you through the intricacies of muscle imbalances. In Muscle Imbalances Revealed, the fitness professional will be guided by 6 experts from various professions on how to identify, address and perform the most effective exercises to address muscle imbalances and increase the speed of injury recovery, bust through fitness plateaus and prevent injuries.

For more information visit - http://MuscleImbalancesRevealedLowerBody.com

Muscle Imbalances Revealed – Upper Body
(Earn 7 CECs)

In the Upper Body Edition of Muscle Imbalances Revealed, you will be guided by four experts from various health professions on how to identify and address muscle imbalances and perform the most effective exercises to improve performance, bust through fitness plateaus, increase the speed of injury recovery and prevent future injuries in the upper body.

For more information visit - http://MuscleImbalancesRevealedUpperBody.com

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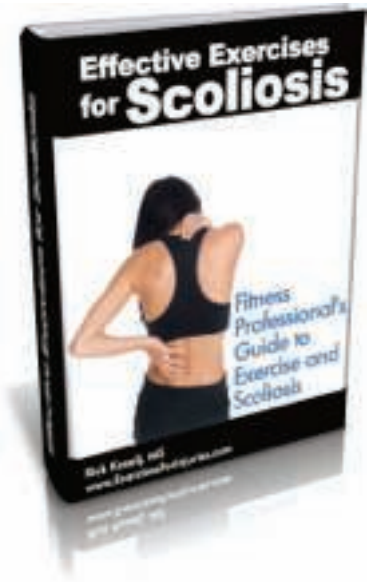

The Most Effective Exercises For Scoliosis
(Earn 6 CECs)
Fitness Professional's Guide to Exercise and Scoliosis

Exercise is recommended by physicians for people with scoliosis. With more people with scoliosis leaning towards exercise to help improve their condition, it is vital for the fitness professional to be educated and prepared to work with these clients. Exercise can help safely alleviate pain, stiffness, de-conditioning, and muscular weakness associated with scoliosis. Gain a comprehensive understanding of scoliosis, how to design an appropriate exercise program for your clients with scoliosis and discover the most effective exercises for scoliosis. If you are ready to increase your confidence working with clients with scoliosis, would like to understand how to safely train clients with scoliosis and empower yourself with the exercises to help your clients with scoliosis, then Effective Exercises for Scoliosis is a must for you.

For more details visit - http://EffectiveExercisesForScoliosis.com

Effective Rotator Cuff Exercises
(Earn 6 CECs)
Fitness Professional's Guide to Rotator Cuff Exercises

Rotator cuff injuries are the most common shoulder injuries fitness professionals will face. Exercise is recommended by physicians for people with rotator cuff injuries and therefore, it is vital for the fitness professional to be educated and prepared to work with these clients. Exercise can help safely alleviate pain, decrease stiffness, increase range of motion, and improve rotator cuff strength. This course will help you gain a comprehensive understanding of rotator cuff injuries, how to design an appropriate exercise program for your clients with a rotator cuff injury, and discover the most effective exercises for the rotator cuff. If you are ready to increase your confidence working with clients with rotator cuff injuries, would like to understand how to safely train clients with rotator cuff injuries and empower yourself with the best exercises to help your clients with rotator cuff injuries, then Effective Exercises Rotator Cuff Exercises is a "must take" course for you.

For more details visit - http://EffectiveRotatorCuffExercises.com

Interested in a Shoulder Injury Guide?

Visit http://ExercisesForInjuries.com
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Scapular Stabilization Exercise Program

Shoulder injuries lead to pain, prevent people from doing the things they love and make the simplest tasks challenging. Many will learn strength exercises to help them recover from their shoulder injury, but too often these strength exercises will lead to slower recovery from a shoulder injury. What needs to be done before strengthening the shoulder is activating, building endurance and strengthening the scapular stabilization muscles. Adding this one step will speed up the recovery from a shoulder injury and prevent re-injury of the shoulder.

For more details visit - http://ScapularStabilizationExercises.com/

Sacroiliac Pain Solution

The most common and most ignored injury in females is the sacroiliac joint. Most times the exercise program that is given is what one would give for someone with a lumbar spine lower back injury. The SI joint exercise program design is very different than that of a regular lower back injury program. In this practical and hands on presentation you will learn the 5 step exercise process to overcome your client's or your sacroiliac joint (SI joint) injury.

For more details visit - http://SacroiliacPainSolution.com/

Lower Back Spinal Fusion & Exercise

In many situations, a lower back condition can lead to lower back spinal fusion surgery. It is estimated 126,000 spinal fusion surgeries occur a year in the USA and since 1996 the number of surgeries has increased by 116%. The group that has had the greatest increase in lower back spinal fusion is adults over 60. Lumbar compression fractures, spinal deformities, spondylolisthesis, lumbar instability, disc herniation and degenerative disc disease are common conditions that can lead to lower back spinal fusion. A key component in the recovery from lower back spinal fusion surgery is exercise. The role of exercise after spinal fusion is important in speeding up recovery, strengthening the muscles supporting the vertebrae and improving the endurance of core stability muscles. The focus of the spinal fusion and exercise webinar will be exercise program design and exercises for a client who has had a lower back spinal fusion.

For more details visit - http://exercisesforinjuries.com/lumbar_fusion_exercises/

Exercise and Plantar Fasciitis

The role of exercise for plantar fasciitis is vital in helping with a speedy recovery, decreasing pain, decreasing the risk of reoccurrence and in creating an action plan on what to do if symptoms return. The focus of the plantar fasciitis and exercise video presentation is an exercise program and exercises for a client that has plantar fasciitis.

For more details visit - http://BestPlantarFasciitisExercises.com

Knee Injury Solution

I often get asked, “How do I strengthen my knees?”, or “I have injured my knee, what exercises can I do to fix it?” Knee Injury Solution answers these questions. It gives you videos and an exercise manual with a variety of exercises that you can do with minimal or no equipment to strengthen your knees, rehabilitate or prevent a knee injury.

For more details visit - http://KneeInjuryExercises.com

Interested in receiving over $299 worth of fitness education information?

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